



Image

RCE #
2800

PTO/SB/30 (09-03)

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Request For Continued Examination (RCE) Transmittal Address to: MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	09/858,476
	Filing Date	May 17, 2001
	First Named Inventor	Hiromu Kikawa
	Art Unit	2855
	Examiner Name	Charlene Dickens
	Attorney Docket No.	H6810.0018/P018

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.
Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

a. ☐ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____

ii. ☐ Other _____

b. ☒ Enclosed

i. ☒ Amendment/Reply

iii. ☐ Information Disclosure Statement (IDS)

ii. ☐ Affidavit(s)/Declaration(s)

iv. ☐ Other _____

2. **Miscellaneous**

a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)

b. ☐ Other _____

3. **Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

a. ☐ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. _____

i. ☒ RCE fee required under 37 CFR 1.17(e)

ii. ☒ Extension of time fee (37 CFR 1.136 and 1.17)

iii. ☐ Other _____

b. ☐ Check in the amount of \$ _____ enclosed

c. ☒ Payment by credit card (Form PTO-2038 enclosed)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
Name (Print/Type)	Mark J. Thronson	Registration No. (Attorney/Agent)	33,082
Signature		Date	March 19, 2004

03/22/2004 CNGUYEN 00000154 041073 09858476

01 FC:1801 770.00 DA

Adjustment date: 03/23/2004 CNGUYEN

03/22/2004 CNGUYEN 00000154 041073 09858476

01 FC:1801 770.00 CR



Docket No.: H6810.0018/P018
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Hiromu Kikawa, et al.

Examiner: Charlene Dickens

Application No.: 09/858,476

Art Unit: 2855

Filed: May 17, 2001

For: AIR FLOW MEASURING DEVICE
HAVING A CURVED SUB-PASSAGE (AS
AMENDED)

AMENDMENT

Commissioner for Patents
MS: Non-Fee Amendment
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This paper is filed concurrently with a Request for Continued Examination and Petition for Extension of Time (one-month). Please amend the above-identified U.S. patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 3 of this paper.



AMENDMENT TRANSMITTAL LETTER			Docket No. H6810.0018/P018	
Application No. 09/858,476	Filing Date May 17, 2001	Examiner C. Dickens	Art Unit 2855	
Applicant(s): Hiromu Kikawa, et al				
Invention: AIR FLOW MEASURING DEVICE				
TO THE COMMISSIONER FOR PATENTS				
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.				
CLAIMS AS AMENDED				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
Total Claims	5	- 34 =	x	0.00
Independent Claims	1	- 3 =	x	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify):				
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:				0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity				
<input checked="" type="checkbox"/> No additional fee is required for this amendment.				
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge and credit Deposit Account No. <u>04-1073</u> as described below. A duplicate copy of this sheet is enclosed.				
<input checked="" type="checkbox"/> Credit any overpayment.				
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
 Mark J. Thronson Attorney Reg. No.: 33,082 DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP 2101 L Street NW Washington, DC 20037-1526 (202) 775-4742			Dated: <u>March 19, 2004</u>	